

Chris Aquino

From: WMATC E-Filing <administrator@wmatc.gov>
Sent: Wednesday, January 23, 2019 7:26 AM
To: WMATC E-Filings
Subject: 2019 Annual Report - WMATC No: 931, Carrier Name: City Sightseeing Washington DC Inc.
Attachments: 5c485d6326c24-WMATC 2019 Revenue Vehicles List.docx

Washington Metropolitan Area Transit Commission
2019 Carrier Annual Report Form

WMATC is Moving:

- The WMATC office will move to a new location in 2019. Beginning on or around **April 1, 2019**, WMATC will be located at 1010 Wayne Avenue, Suite 1240, Silver Spring, MD 20910. Check the announcements section of the WMATC website for further updates.

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2019, must file a complete 2018 annual report and pay a \$175 annual fee on or before **January 31, 2019**. To be timely, the report and fee must be received at the WMATC office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$150 late fee**. Each carrier that fails to pay the \$175 annual fee on time will be assessed a separate **\$150 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2019.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:

WMATC No.: 931

Name of Carrier (as shown on certificate of authority): City Sightseeing Washington DC Inc.

Trade Name: Open Top Sightseeing Washington

Principal Place of Business

Street Address: 5500 Tuxedo Road

Apt./Suite:

City: Hyattsville

State: MD

Zip: 20781

Mailing Address (if different from street address)

Street: 3350 New York Avenue NE

Apt./Suite:

City: Washington

State: DC

Zip: 20002

Telephone Number: (202)286-7802

Other Telephone: (917)702-3850

Fax Number:

E-mail: lenwoodp@bigbustours.com

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.: 1212054

DC DFHV No.:

Virginia DMV passenger carrier No.:

Maryland PSC No.: DC

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Name: Lenwood Pippins

Title: Safety Manager

Telephone Number: (202)286-0780

Other Telephone:

Fax Number:

E-mail: lenwoodp@bigbustours.com

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process:

Agent Address:

Apt./Suite:

City:

State:

Zip:

Telephone Number:

E-mail:

5. *CHANGES: Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

NONE

6. *LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS: (1) list your vehicles below or (2) upload a complete vehicle list to this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No.	Year*	Make*	Vehicle VIN*	License Plate*	State*	Seating Cap.*	Wheel Chair

***Your vehicle list was attached to your submission.**

7. *CERTIFICATION:

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Name: Lenwood Pippins
Title: Safety Manager
Date: 01/23/2019

Washington Metropolitan Area Transit Commission
2019 Carrier Annual Report Form
FOR

City Sightseeing Washington DC Inc. T/A Open Top Sightseeing Washington

LIST OF REVENUE VEHICLES IN WMATC OPERATIONS

Fleet No	Model Year	Make	Vehicle VIN	License Plate Number	State Registered	Seating Capacity	Wheelchair Lift or Ramp Yes/No
1	1989	DENNIS	DDA1702534	030P87	MD	103	NO
2	1989	DENNIS	DDA1702519	032P87	MD	103	NO
3	1989	DENNIS	DDA1702543	030P88	MD	103	NO
4	1989	DENNIS	DDA1702529	030P96	MD	103	NO
5	1989	DENNIS	DDA1702530	034P83	MD	103	NO
6	1989	DENNIS	DDA1702560	034P84	MD	103	NO
7	2013	ANKAI	LA84G1PC9DA401627	020P02	MD	90	YES
8	2013	ANKAI	LA84G1PC0EA402361	018P96	MD	90	YES
9	2013	ANKAI	LA84G1PC1EA402353	019P75	MD	81	YES
10	2013	ANKAI	LA84G1PC0EA402358	019P70	MD	81	YES
11	2013	ANKAI	LA84G1PC3EA402354	020P21	MD	90	YES
12	2013	ANKAI	LA84G1PC7EA402356	014P53	MD	89	YES
13	2013	ANKAI	LA84G1PC5EA402355	036P12	MD	89	YES
14	2013	ANKAI	LA84G1PC9EA402357	036P13	MD	89	YES
15	2013	ANKAI	LA84G1PC9EA402360	036P14	MD	89	YES

16	1988	OLYM	ON10577	025P73	MD	89	NO
17	1988	OLYM	ON10689	024P77	MD	89	NO
18	1988	OLYM	ON10591	024P56	MD	89	NO
19	1988	OLYM	ON10573	023P41	MD	89	NO
20	1988	OLYM	ON10592	024P14	MD	89	NO